



**Private Well Water Testing Request**  
**Brunswick County Health Services, Environmental Health Section**  
25 Courthouse Drive NE • P. O. Box 9  
Bolivia, NC 28422  
(910)253-2150  
Email: [septicplans@brunswickcountync.gov](mailto:septicplans@brunswickcountync.gov)

Date of Request: \_\_\_\_\_ BCHS Permit: \_\_\_\_\_

Tax Parcel Id: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Owner / ☐ Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Directions to Property: \_\_\_\_\_

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**TYPE OF TEST(S)**

- ☐ Bacteria (\$50)  
☐ Inorganic Chemical (\$150)  
☐ Nitrate/Nitrite (\$50)  
☐ Petroleum (\$150)  
☐ Pesticide (\$150): Must check one of the following: ☐ Organochlorine ☐ Nitrogen-Phosphorous  
☐ Glyphosate ☐ Herbicide

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Is this well your primary source for drinking water? ☐ Yes ☐ No If no, then what is? \_\_\_\_\_

Total Fee collected: \_\_\_\_\_ No fee due to: ☐ Well Permit ☐ Well Repair ☐ M.D. Request

Owner/Authorized Agent Signature: \_\_\_\_\_

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**TO BE COMPLETED BY ENVIRONMENTAL HEALTH SPECIALIST**

Staff: \_\_\_\_\_ Date Sample(s) Collected: \_\_\_\_\_ Time: \_\_\_\_\_

Chlorine level checked in water: ☐ Yes ☐ No

Sample Location: ☐ Inside kitchen tap ☐ Outside house tap ☐ Well tap ☐ Other (Specify: \_\_\_\_\_)

Comments: \_\_\_\_\_

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**LABORATORY SECTION - TEST RESULTS**

Laboratory Number: \_\_\_\_\_

Date/Time In Lab: \_\_\_\_\_

Date/Time Started: \_\_\_\_\_

Date/Time Completed: \_\_\_\_\_

	Present	Absent (safe)	
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	Lab Technician: _____
E-Coli Coliform	<input type="checkbox"/>	<input type="checkbox"/>	

Notes: 1) Presence of either Total Coliform and/or Fecal Coliform indicates the water source is unsafe for human consumption.

2) See Health Risk Evaluation (HRE) and/or call the BCHS at 910-253-2150 with any questions about your results

Update: 2/14/20